

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020021-1
PUBLIC VOUCHER FOR PURCHASES AT
SERVICES OTHER THAN PERSONAL

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
Encl # 6
DPS-3354
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				29,187.	10

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 29,187.10

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

STATOTHR (Sign original only)

Date 8/11/58 *Payee _____

required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for 29,187 10

(Signature or initials) EC

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____
SIGN ORIGINAL ONLY

Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for the signature of the person writing the company or corporate name, or "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

STATOTHR

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ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

7/06/58

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		VENDOR	GROSS	DISCOUNT	Tax	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Class	Element	CODE	Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
03	07	02	8	4983	46116		07	07	1411			2	50	25	40	22	12501	5092	01		5330	
03	07	02	8	4984	46117		07	07	1411			2	50	25	40	22	12501	5092	01		4195	
																					9525 *	
																					9525 **	
Continued to Sheet 2																						

continued to sheet 2

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

7/06/58

FORM STL - 660				ACCOUNTS PAYABLE																		
BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	Tr. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
05	07	03	8	26829	45193		07	25	208				1	50	25	40	22	12501	5092	09		5500 5500 * 5500 ** 16325 ***
<i>Continued to Sheet 6</i>																						

7/20/58

[illegible]

Sheet 1

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/20/58

FORM STL - 680

FORM STL - 550

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Trans	Class	Element	TR	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
17	07	15	8	17491	46193		08	01	207			1	50	25	28	00	12501	5092	07			3100 3100 *		
17	07	15	8	3090	46171		07	16	233			3	50	25	40	22	12501	5092	07			2350 2350 * 5450 **		
Continued to Sheet 6																								

7/20/58

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		VENDOR Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day						Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order		
15	07	14	8		7156	46037	08	08	123				1	50	25	26	00	12501	5092	08		19850 19850 * 19850 ** 32186 ***
																		<i>Sheet 3</i>				<i>163.25</i>
																		<i>Total</i>				<i>485.11</i>

Sheet 3
Total

19850	
19850	英
19850	英英
32186	英英英

163.25
485.11